

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN2204</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>77 - LICENSURE</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/18/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>DICKSON HEALTHCARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 N CHARLOTTE DICKSON, TN 37055</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N1402	<p>1200-8-6-.14(1)(b) Disaster Preparedness</p> <p>(1) Emergency Electrical Power.</p> <p>(b) Connections shall be through a switch which shall automatically transfer the circuits to the emergency power source in case of power failure. It is recognized that some equipment may not sustain automatic transfer and provisions will have to be made to manually change these items from a non-emergency powered outlet to an emergency powered outlet or other power source. All emergency power transfer switches shall be labeled as such. Switches affecting heat, ventilation, and all systems shall be labeled.</p> <p>This Rule is not met as evidenced by: Intakes: TN00027906</p> <p>Based on testing, it was determined the facility failed to have the heating, ventilation and air conditioning (HVAC) on automatic transfer to the generator.</p> <p>The findings included:</p> <p>During testing of the generator on 4/5/11 the HVAC in the area of refuge did not function. Later it was determined that the HVAC had to be manually transferred to the generator for it to work as required. A repair man was called on 4/5/11 to connect the HVAC so that if the lost of power it would transfer automatically.</p>			N1402			
N1412	<p>1200-8-6-.14(2)(a)6. Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p>			N1412			

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N1412	<p>Continued From page 1</p> <p>6. The nursing home shall develop and periodically review with all employees a prearranged plan for the orderly evacuation of all residents in case of a fire, internal disaster or other emergency. The plan of evacuation shall be posted throughout the home. Fire drills shall be held at least quarterly for each work shift for nursing home personnel in each separate patient-occupied nursing home building. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>This Rule is not met as evidenced by: Based on interview, it was determined 1 of 5 staff members failed to carry the facility's policy for a tornado warning.</p> <p>The findings included:</p> <p>During interviews through out the facility on 4/5/11, one of five staff members did not know how to correctly carry out the facility's policy for a tornado warning. The Administrator stated that the Licensed Practical Nurse on the 2nd shift when ask where to evacuate residents in the event the building had to evacuate, she did not know.</p>	N1412			